

1. ISSUE DATE: 8/11/2017	
2a. FTCA DEEMING NOTICE NO.: 1-F00000928-17-01	
2b. Supersedes: []	
3. COVERAGE PERIOD: FROM: 1/1/2018 THROUGH: 12/31/2018	
4. NOTICE TYPE: Renewal	<p>DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION</p>  <p>NOTICE OF DEEMING ACTION</p> <p>FEDERAL TORT CLAIMS ACT AUTHORIZATION:</p> <p>Federally Supported Health Centers Assistance Act (FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n)</p>
5a. ENTITY NAME AND ADDRESS: Great Lakes Bay Health Centers 501 LAPEER AVE SAGINAW, MI 48607	
6. ENTITY TYPE: Grantee	
7. EXECUTIVE DIRECTOR: Brenda M Coughlin	
8a. GRANTEE ORGANIZATION: Great Lakes Bay Health Centers	
8b. GRANT NUMBER: H80CS00689	
<p>9. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</p> <p>a. The authorizing program legislation cited above. b. The program regulation cited above, and, c. HRSA's FTCA-related policies and procedures.</p> <p>In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.</p> <p>10. Remarks:</p>	

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The check box (x) in the supersedes field indicates that this notice supersedes any and all active NDAs and rescinds any and all future NDAs issued prior to this notice.

Electronically signed by Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 8/11/2017 9:57:48 AM

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**Great Lakes Bay Health Centers
501 LAPEER AVE
SAGINAW, MI48607**

Dear Brenda M Coughlin:

The Health Resources and Services Administration (HRSA), in accordance with the Federally Supported Health Centers Assistance Act (FSHCAA), as amended, sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. §§ 233(g)-(n), deems Great Lakes Bay Health Centers to be an employee of the PHS, for the purposes of section 224, effective 1/1/2018 through 12/31/2018.

Section 224(a) of the PHS Act provides liability protection under the Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2672, or by alternative benefits provided by the United States where the availability of such benefits precludes a remedy under the FTCA, for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by PHS employees while acting within the scope of such employment. This protection is exclusive of any other civil action or proceeding. Coverage extends to deemed entities and their (1) officers; (2) governing board members; (3) full- and part-time employees; and (4) contractors who are licensed or certified individual health care practitioners providing full-time services (i.e., on average at least 32½ hours per week for the entity for the period of the contract), or, if providing an average of less than 32½ hours per week of such service, are licensed or certified providers in the fields of family practice, general internal medicine, general pediatrics, or obstetrics/gynecology. Volunteers are neither employees nor contractors and therefore are not eligible for FTCA coverage under FSHCAA.

This Notice of Deeming Action (NDA) is also confirmation of medical malpractice coverage for both Great Lakes Bay Health Centers and its covered individuals as described above. This NDA, along with documentation confirming employment or contractor status with the deemed entity, may be used to show liability coverage for damage for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions by PHS employees while acting within the scope of such employment.

In addition, FTCA coverage is comparable to an "occurrence" policy without a monetary cap. Therefore, any coverage limits that may be mandated by other organizations are met.

This action is based on the information provided in your FTCA deeming application, as required under 42 U.S.C. § 233(h), with regard to your entity's: (1) implementation of appropriate policies and procedures to reduce the risk of malpractice and litigation; (2) review and verification of professional credentials and privileges, references, claims history, fitness, professional review organization findings, and licensure status of health professionals; (3) cooperation with the Department of Justice (DOJ) in the defense of claims and actions to prevent claims in the future; and (4) cooperation with DOJ in providing information related to previous malpractice claims history.

Deemed health centers must continue to receive funding under Section 330 of the PHS Act, 42 U.S.C. § 254b, in order to maintain coverage as a deemed PHS employee. If the deemed entity loses its Section 330 funding, such coverage will end immediately upon termination of the grant. In addition to the relevant statutory and regulatory requirements, every deemed health center is expected to follow HRSA's FTCA-related policies and procedures, which may be found online at <http://www.bphc.hrsa.gov>.

For further information, please contact your HRSA Project Officer as listed on your Notice of Grant Award or the Bureau of Primary Health Care (BPHC) Help Line at 1-877-974-2742 or bphchelpline@hrsa.gov.

1. ISSUE DATE: 11/23/2016	
2a. FTCA DEEMING NOTICE NO.: 3-F00000928-16-02	
2b. Supersedes: []	
3. COVERAGE PERIOD: FROM: 1/1/2017 THROUGH: 12/31/2017	
4. NOTICE TYPE: Administrative	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION
5a. ENTITY NAME AND ADDRESS: Great Lakes Bay Health Centers 501 LAPEER AVENUE SAGINAW, MI 48607- 1208 SAGINAW, MI	 NOTICE OF DEEMING ACTION FEDERAL TORT CLAIMS ACT AUTHORIZATION: Federally Supported Health Centers Assistance Act (FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n)
6. ENTITY TYPE: Grantee	
7. EXECUTIVE DIRECTOR: Brenda M Coughlin	
8a. GRANTEE ORGANIZATION: Great Lakes Bay Health Centers	
8b. GRANT NUMBER: H80CS00689	
9. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPROVED BY HRSA, AS REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE TITLED ENTITY AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The authorizing program legislation cited above. b. The program regulation cited above, and, c. HRSA's FTCA-related policies and procedures.	
In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.	
10. Remarks: The following fields were updated: 1. Entity Name	

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The check 10611 in the purpose/s field indicates that the Office suspended any and all active NDAs and rescinds any and all future NDAs issued prior to this notice.

Electronically signed by Beth Perrine, Deputy Associate Administrator for Primary Health Care on: 11/23/2016 10:15:17 AM

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**Great Lakes Bay Health Centers
501 LAPEER AVENUE SAGINAW, MI 48607-1208
SAGINAW, MI**

Dear Brenda M Coughlin:

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